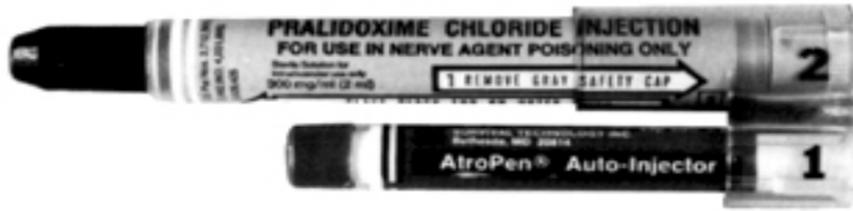
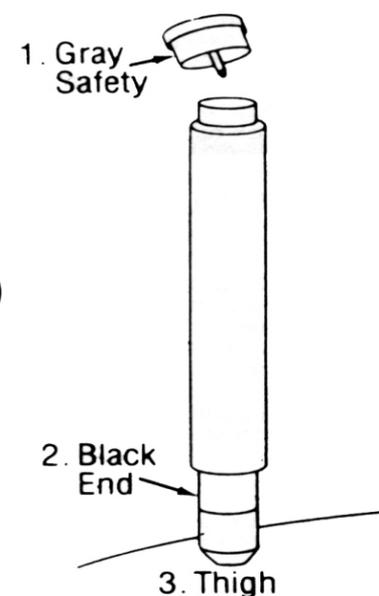


HOW TO USE AUTO-INJECTORS



The recommended procedure is to inject the contents of the auto-injector into the muscles of an anterolateral thigh (through pocket). Proceed as follows:

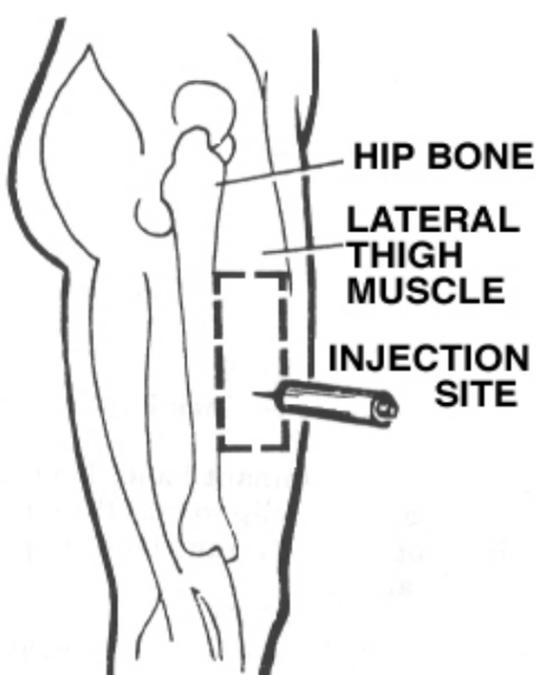
1. Remove safety cap (yellow on atropine; gray on 2-PAM Cl; both in clip on Mark I). Do not touch the colored end of the injector after removing the safety cap, since the injector can and will function into the fingers or hand if any pressure is applied to this end of the injector.



2. Hold injector as you would a pen. Place colored end (green on atropine, black on 2-PAM Cl) on thickest part of thigh and press hard until injector functions. Pressure automatically activates the spring, which plunges the needle into the muscle and simultaneously forces fluid through it into the muscle tissues.



3. Hold firmly in place for ten seconds, then remove. Massage the area of injection.

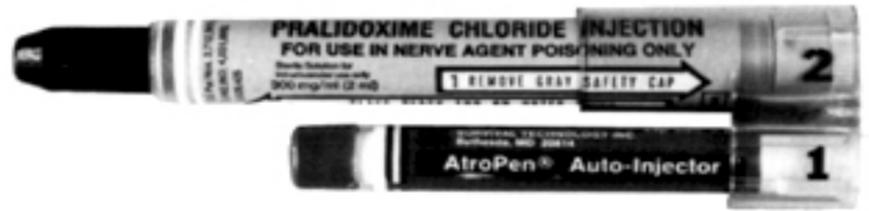


4. After each auto-injector has been activated, the empty container should be disposed of properly. It cannot be refilled nor can the protruding needle be retracted. It should be disposed of in a "sharps" container in accordance with rules for handling medical wastes and possible blood-borne pathogens.

Dosage should be noted on a triage tag or written on the chest or forehead of the patient.

IMPORTANT: Physicians and/or other medical personnel assisting evacuated victims of nerve agent exposure should avoid exposing themselves to cross-contamination by ensuring they do not come in contact with the patients' clothing.

WHEN TO USE AUTO-INJECTORS



Use only after the following events have occurred:

- Emergency medical personnel have donned personal protective equipment subsequent to recognizing existence of chemical agent hazard in area
- Some or all of signs and symptoms of nerve agent poisoning listed are present:
 - unexplained runny nose
 - tightness of chest with difficulty in breathing
 - pinpointed pupils of the eye (miosis)
 - blurred vision
 - drooling, excessive sweating
 - nausea, vomiting, and abdominal cramps
 - involuntary urination and defecation
 - jerking, twitching, and staggering
 - headache, drowsiness, coma, convulsions
 - stoppage of breathing



Treatment

- Immediately administer one atropine auto-injector (2 mg), followed by one 2-PAM Cl auto-injector (600 mg).
- Atropine should be given first; followed immediately by 2-PAM Cl.
- If nerve agent signs or symptoms are still present after 5–10 minutes (depending on severity), repeat injections.
- If signs or symptoms still exist after an additional 10 minutes, repeat injections for a third time.
- If signs or symptoms remain after third set of injections, DO NOT give any more antidotes but seek medical help immediately.

If severe signs and symptoms are present:

- Administer all three auto-injector kits (atropine and 2-PAM Cl) in rapid succession; then medical help should be sought.
- Remove secretions, maintain a patient airway and, if necessary, use artificial ventilation.
- Morphine, theophylline, aminophylline, or succinylcholine should not be used with 2-PAM Cl. Avoid reserpine or phenothiazine-type tranquilizers.
- 2-PAM Cl is most effective if administered immediately after exposure. Less effective if given more than 6 hours after termination of exposure.